

(c) **INITIAL MEETING.**—Not later than 90 days after the date of enactment of this Act, the Authority shall hold its initial meeting.

(d) **REVIEW.**—Beginning on the date of the initial meeting under subsection (c), the Authority shall conduct a review of laws (including regulations) relating to investment, business, and economic development that affect investment and business decisions concerning activities conducted on Indian lands.

(e) **MEETINGS.**—The Authority shall meet at the call of the chairperson.

(f) **QUORUM.**—A majority of the members of the Authority shall constitute a quorum, but a lesser number of members may hold hearings.

(g) **CHAIRPERSON.**—The Authority shall select a chairperson from among its members.

#### **SEC. 5. REPORT.**

Not later than 1 year after the date of enactment of this Act, the Authority shall prepare and submit to the Committee on Indian Affairs of the Senate, the Committee on Resources of the House of Representatives, and to the governing body of each Indian tribe a report that includes—

(1) the findings of the Authority concerning the review conducted under section 4(d); and

(2) such recommendations concerning the proposed revisions to the laws that were subject to review as the Authority determines to be appropriate.

#### **SEC. 6. POWERS OF THE AUTHORITY.**

(a) **HEARINGS.**—The Authority may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Authority considers advisable to carry out the duties of the Authority.

(b) **INFORMATION FROM FEDERAL AGENCIES.**—The Authority may secure directly from any Federal department or agency such information as the Authority considers necessary to carry out the duties of the Authority.

(c) **POSTAL SERVICES.**—The Authority may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

(d) **GIFTS.**—The Authority may accept, use, and dispose of gifts or donations of services or property.

#### **SEC. 7. AUTHORITY PERSONNEL MATTERS.**

(a) **COMPENSATION OF MEMBERS.**—

(1) **NON-FEDERAL MEMBERS.**—Members of the Authority who are not officers or employees of the Federal Government shall serve without compensation, except for travel expenses as provided under subsection (b).

(2) **OFFICERS AND EMPLOYEES OF THE FEDERAL GOVERNMENT.**—Members of the Authority who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(b) **TRAVEL EXPENSES.**—The members of the Authority shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Authority.

(c) **STAFF.**—

(1) **IN GENERAL.**—The chairperson of the Authority may, without regard to the civil service laws, appoint and terminate such personnel as may be necessary to enable the Authority to perform its duties.

(2) **PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.**—The chairperson of the Authority may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed under GS-13 of the General Schedule established under section 5332 of title 5, United States Code.

#### **SEC. 8. TERMINATION OF THE AUTHORITY.**

The Authority shall terminate 90 days after the date on which the Authority has submitted a copy of the report prepared under section 5 to the committees of Congress specified in section 5 and to the governing body of each Indian tribe.

#### **SEC. 9. EXEMPTION FROM FEDERAL ADVISORY COMMITTEE ACT.**

The activities of the Authority conducted under this title shall be exempt from the Federal Advisory Committee Act (5 U.S.C. App.).

#### **SEC. 10. AUTHORIZATION OF APPROPRIATIONS.**

There are authorized to be appropriated such sums as are necessary to carry out this Act, to remain available until expended.

Mr. SHELBY. I ask unanimous consent that the committee substitute amendment be agreed to, the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee substitute amendment was agreed to.

The bill (S. 614), as amended, was read the third time and passed.

#### **ALASKA NATIVE AND AMERICAN INDIAN DIRECT REIMBURSEMENT ACT OF 1999**

Mr. SHELBY. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 272, S. 406.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (S. 406) to amend the Indian Health Care Improvement Act to make permanent the demonstration program that allows for direct billing of medicare, medicaid, and other third party payors, and to expand the eligibility under such program to other tribes and tribal organizations.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Indian Affairs, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

#### **SECTION 1. SHORT TITLE.**

This Act may be cited as the "Alaska Native and American Indian Direct Reimbursement Act of 1999".

#### **SEC. 2. FINDINGS.**

Congress finds the following:

(1) In 1988, Congress enacted section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645) that established a demonstration program to authorize 4 tribally-operated Indian Health Service hospitals or clinics to test methods for direct billing and receipt of payment for health services provided to patients eligible for reimbursement under the medicare or medicaid programs under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq.; 1396 et seq.), and other third-party payors.

(2) The 4 participants selected by the Indian Health Service for the demonstration program began the direct billing and collection program in fiscal year 1989 and unanimously expressed success and satisfaction with the program. Benefits of the program include dramatically increased collections for services provided under the medicare and medicaid programs, a signifi-

cant reduction in the turn-around time between billing and receipt of payments for services provided to eligible patients, and increased efficiency of participants being able to track their own billings and collections.

(3) The success of the demonstration program confirms that the direct involvement of tribes and tribal organizations in the direct billing of, and collection of payments from, the medicare and medicaid programs, and other third party reimbursements, is more beneficial to Indian tribes than the current system of Indian Health Service-managed collections.

(4) Allowing tribes and tribal organizations to directly manage their medicare and medicaid billings and collections, rather than channeling all activities through the Indian Health Service, will enable the Indian Health Service to reduce its administrative costs, is consistent with the provisions of the Indian Self-Determination Act, and furthers the commitment of the Secretary to enable tribes and tribal organizations to manage and operate their health care programs.

(5) The demonstration program was originally to expire on September 30, 1996, but was extended by Congress, so that the current participants would not experience an interruption in the program while Congress awaited a recommendation from the Secretary of Health and Human Services on whether to make the program permanent.

(6) It would be beneficial to the Indian Health Service and to Indian tribes, tribal organizations, and Alaska Native organizations to provide permanent status to the demonstration program and to extend participation in the program to other Indian tribes, tribal organizations, and Alaska Native health organizations who operate a facility of the Indian Health Service.

#### **SEC. 3. DIRECT BILLING OF MEDICARE, MEDICAID, AND OTHER THIRD PARTY PAYORS.**

(a) **PERMANENT AUTHORIZATION.**—Section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645) is amended to read as follows:

"(a) **ESTABLISHMENT OF DIRECT BILLING PROGRAM.**—

"(1) **IN GENERAL.**—The Secretary shall establish a program under which Indian tribes, tribal organizations, and Alaska Native health organizations that contract or compact for the operation of a hospital or clinic of the Service under the Indian Self-Determination and Education Assistance Act may elect to directly bill for, and receive payment for, health care services provided by such hospital or clinic for which payment is made under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (in this section referred to as the 'medicare program'), under a State plan for medical assistance approved under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (in this section referred to as the 'medicaid program'), or from any other third party payor.

"(2) **APPLICATION OF 100 PERCENT FMAP.**—The third sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) shall apply for purposes of reimbursement under the medicaid program for health care services directly billed under the program established under this section.

"(b) **DIRECT REIMBURSEMENT.**—

"(1) **USE OF FUNDS.**—Each hospital or clinic participating in the program described in subsection (a) of this section shall be reimbursed directly under the medicare and medicaid programs for services furnished, without regard to the provisions of section 1880(c) of the Social Security Act (42 U.S.C. 1395q(c)) and sections 402(a) and 813(b)(2)(A), but all funds so reimbursed shall first be used by the hospital or clinic for the purpose of making any improvements in the hospital or clinic that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to

facilities of such type under the medicare or medicaid programs. Any funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions shall be used—

“(A) solely for improving the health resources deficiency level of the Indian tribe; and

“(B) in accordance with the regulations of the Service applicable to funds provided by the Service under any contract entered into under the Indian Self-Determination Act (25 U.S.C. 450f et seq.).

“(2) AUDITS.—The amounts paid to the hospitals and clinics participating in the program established under this section shall be subject to all auditing requirements applicable to programs administered directly by the Service and to facilities participating in the medicare and medicaid programs.

“(3) SECRETARIAL OVERSIGHT.—The Secretary shall monitor the performance of hospitals and clinics participating in the program established under this section, and shall require such hospitals and clinics to submit reports on the program to the Secretary on an annual basis.

“(4) NO PAYMENTS FROM SPECIAL FUNDS.—Notwithstanding section 1880(c) of the Social Security Act (42 U.S.C. 1395qq(c)) or section 402(a), no payment may be made out of the special funds described in such sections for the benefit of any hospital or clinic during the period that the hospital or clinic participates in the program established under this section.

“(c) REQUIREMENTS FOR PARTICIPATION.—

“(1) APPLICATION.—Except as provided in paragraph (2)(B), in order to be eligible for participation in the program established under this section, an Indian tribe, tribal organization, or Alaska Native health organization shall submit an application to the Secretary that establishes to the satisfaction of the Secretary that—

“(A) the Indian tribe, tribal organization, or Alaska Native health organization contracts or compacts for the operation of a facility of the Service;

“(B) the facility is eligible to participate in the medicare or medicaid programs under section 1880 or 1911 of the Social Security Act (42 U.S.C. 1395qq; 1396j);

“(C) the facility meets the requirements that apply to programs operated directly by the Service; and

“(D) the facility—

“(i) is accredited by an accrediting body as eligible for reimbursement under the medicare or medicaid programs; or

“(ii) has submitted a plan, which has been approved by the Secretary, for achieving such accreditation.

“(2) APPROVAL.—

“(A) IN GENERAL.—The Secretary shall review and approve a qualified application not later than 90 days after the date the application is submitted to the Secretary unless the Secretary determines that any of the criteria set forth in paragraph (1) are not met.

“(B) GRANDFATHER OF DEMONSTRATION PROGRAM PARTICIPANTS.—Any participant in the demonstration program authorized under this section as in effect on the day before the date of enactment of the Alaska Native and American Indian Direct Reimbursement Act of 1999 shall be deemed approved for participation in the program established under this section and shall not be required to submit an application in order to participate in the program.

“(C) DURATION.—An approval by the Secretary of a qualified application under subparagraph (A), or a deemed approval of a demonstration program under subparagraph (B), shall continue in effect as long as the approved applicant or the deemed approved demonstra-

tion program meets the requirements of this section.

“(d) EXAMINATION AND IMPLEMENTATION OF CHANGES.—

“(1) IN GENERAL.—The Secretary, acting through the Service, and with the assistance of the Administrator of the Health Care Financing Administration, shall examine on an ongoing basis and implement—

“(A) any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this section, including any agreements with States that may be necessary to provide for direct billing under the medicaid program; and

“(B) any changes that may be necessary to enable participants in the program established under this section to provide to the Service medical records information on patients served under the program that is consistent with the medical records information system of the Service.

“(2) ACCOUNTING INFORMATION.—The accounting information that a participant in the program established under this section shall be required to report shall be the same as the information required to be reported by participants in the demonstration program authorized under this section as in effect on the day before the date of enactment of the Alaska Native and American Indian Direct Reimbursement Act of 1999. The Secretary may from time to time, after consultation with the program participants, change the accounting information submission requirements.

“(e) WITHDRAWAL FROM PROGRAM.—A participant in the program established under this section may withdraw from participation in the same manner and under the same conditions that a tribe or tribal organization may retrocede a contracted program to the Secretary under authority of the Indian Self-Determination Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this section shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.”

(b) CONFORMING AMENDMENTS.—

(1) Section 1880 of the Social Security Act (42 U.S.C. 1395qq) is amended by adding at the end the following:

“(e) For provisions relating to the authority of certain Indian tribes, tribal organizations, and Alaska Native health organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such tribes or organizations and for which payment may be made under this title, see section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645).”

(2) Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended by adding at the end the following:

“(d) For provisions relating to the authority of certain Indian tribes, tribal organizations, and Alaska Native health organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such tribes or organizations and for which payment may be made under this title, see section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645).”

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2000.

#### SEC. 4. TECHNICAL AMENDMENT.

(a) IN GENERAL.—Effective November 9, 1998, section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645(e)) is reenacted as in effect on that date.

(b) REPORTS.—Effective November 10, 1998, section 405 of the Indian Health Care Improvement Act is amended by striking subsection (e).

Mr. SHELBY. Mr. President, I ask unanimous consent that the committee substitute amendment be agreed to.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee substitute amendment was agreed to.

Mr. SHELBY. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 406), as amended, was read the third time and passed.

#### ORDERS FOR THURSDAY, SEPTEMBER 16, 1999

Mr. SHELBY. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until the hour of 9:30 a.m. on Thursday, September 16. I further ask unanimous consent that on Thursday, immediately following the prayer, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate then resume consideration of the transportation appropriations bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### PROGRAM

Mr. SHELBY. Mr. President, for the information of all Senators, the Senate will convene at 9:30 in the morning and immediately begin consideration of the transportation appropriations bill. By a previous consent agreement, at 10 a.m. the Senate will begin debate on the Treasury-Postal appropriations conference report, with a vote to take place at approximately 10:10 a.m. Also, the Senate is expected to complete action and vote on passage of the transportation appropriations bill during Thursday's session. The Senate may also consider further conference reports and any executive items on the Calendar.

#### ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. SHELBY. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 8:24 p.m., adjourned until Thursday, September 16, 1999, at 9:30 a.m.